FCC 388

DTV Consumer Education Quarterly Activity Report

Instructions

This form should be used to provide the Federal Communications Commission (FCC) with information pertaining to <u>all</u> station activity to educate consumers on the transition to digital television (DTV). All stations should log DTV Transition-Related Public Service Announcements (PSAs) and other DTV activities using the appropriate house (identification) numbers. These logs or records should include the date and time that each DTV activity occurred. This form must be filed in Docket Number 07-148 as Document Type: REPORT, and placed in the station's Public Inspection File. This form must continue to be filed for each quarter in which a station has DTV Transition education obligations.

- Go to the ECFS upload page: http://fjallfoss.fcc.gov/prod/ecfs/upload-v2.cgi
- Fill out the relevant cover sheet information.
- In the "Send Comment Files to FCC (Attachments)" section click the "Browse" button to choose the file you want to attach.
 (Or the first file if you have multiple files to attach)
- Click on the "Select one of these file types or convert your file to one of these types:" dropdown to choose the type of file
 that was attached.
- Click "Send Attached File to FCC"
- If you only had one file to attach click "Finish Transaction and Receive Confirmation".
- If you have another file to attach, click on the "Enter Additional Attachments"

					KOLN	
Report reflects infor	mation for quarter ending (mm/de	d/yy)			3-31	-08
Have you opted to co	mply with Option One, Two, or T	hree (once el	ected, this choi	ce may no	ot change)?	
Option Or	e (A and D) Opti	on Two (B ar	nd D)		option Three (C and	D)
Yes No No Simulcasting Are you simulcasting	on your Analog channel and your pr	rimary Digital	stream?	NO, comp	lete a form for your A	Analog
		Description of the second				
Call Sign	Channel Numbers				of License	
Call Sign	Channel Numbers	7		Community	of License County	Zip Code
KOLN-HD	Channel Numbers Analog Digital	Lincol	City	Community		Zip Code 68503
KOLN	Analog IO		City	Community State	County	
KOLN-HD Licensee	Analog IO		City	Community State NE	County	68503

Section B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m.. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter

How many DTV PSAs and CSTs did your station run between	n 5:00 a.m. and 1:00 a.m. last quarter?	
Total 5:00 a.m. to 1:00 a.m. PSAs	165	
Total 5:00 a.m. to 1:00 a.m. CSTs	20	
For informational purposes only, how many DTV PSAs an a.m.?	d CSTs did your station run in the last qu	arter from 6:00 a.m. to 9:00
Total 6:00 a.m. to 9:00 a.m. PSAs	29	
Total 6:00 a.m. to 9:00 a.m. CSTs	2	
For stations located in the Eastern or Pacific Time Zone, how from 6:00 p.m. to 11:35 p.m. (must average at least 4 per we		on run in the last quarter
Total 6:00 p.m. to 11:35 p.m. PSAs		
Total 6:00 p.m. to 11:35 p.m. CSTs		
For stations located in the Central or Mountain Time Zone, h from 5:00 p.m. to 10:35 p.m.(must average at least 4 per wee		ation run in the last quarter
Total 5:00 p.m. to 10:35 p.m. PSAs	55	
Total 5:00 p.m. to 10:35 p.m. CSTs	4	
Comments (add additional sheets where necessary):		

30 Minute Educational Programs - Last Quarter

How many 30 minute, DTV-re be run between the hours of 8:0			arter? At least one such program must
Total number of 30 Minute Info	ormational Programs	0	
Comments (add additional shee	ts where necessary): The NAB'S DTV Ed	ducation Program on S	saturday, June 28th
at 12:00pm(cent	ما)		
100-Day Countdown Eligible	Pieces – Last Quarter		
activities. Stations must execu	te a minimum of one "Countd	lown to DTV" on-air activity per	secial 100-Day "Countdown to DTV" day during the 100 days leading up to DTV" pieces did your station run?
	Animated Graphics		
	Graphic and Audio Di	isplays	
	Longer Form Reminde	275	
Comments (add additional shee	ts where necessary):		

Section D (For all broadcasters)

Did your station run additional on-air initia may be used to describe these initiatives.	atives (such as news reports, town hall meetings, etc.) during the quarter? The comment
Yes No	Comments (add additional sheets where necessary): - A news story explaining the DTV transition aired in newscasts on Feb. 18th-19th - During live state high school basketball coverage, on Sat. March 1st & march 8th, 4 mentions of the DTV transition were made. These live mentions
Station Website Additional Activity Rel	included graphics directing viewers to more informal ated to the DTV Transition - Last Quarter
Station Website Additional Activity Res	
Does your station have a Website?	Yes No
If YES, did your station provide additional describe what was posted on the station's	DTV related information or activities on that Website? The comment box may be used Website.
Yes 🗆 No	Comments (add additional sheets where necessary): A special DTV page explains the transition, Contains a countdown, FAQ, important FCC contact information, a link to the converter
	0.0000000000000000000000000000000000000
	box coupon program, and more.
Check all of the DTV related activities list	
Check all of the DTV related activities list o describe this activity.	st Quarter red below that your station engaged in over the last quarter. The comment box may be us
Check all of the DTV related activities list	st Quarter
Check all of the DTV related activities list o describe this activity.	st Quarter red below that your station engaged in over the last quarter. The comment box may be us Comments (add additional sheets where necessary):
Check all of the DTV related activities list to describe this activity. Speaking Engagements	cod below that your station engaged in over the last quarter. The comment box may be us Comments (add additional sheets where necessary): DTV speaking engagement Feb. 12 th - Lake Street S
Speaking Engagements Community Events Other (describe)	comments (add additional sheets where necessary): DTV speaking engagement Feb. 12th - Lake Street S Comments (add additional sheets where necessary):

STATION CERTIFICATION

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Typod or Printed Name of Person Signing	Typed or Printed Title of Person Signing
Nikki Bates	Nikki Bates
Signature M. D.D. D. 1	Dute
- Milh Bato	4-4-08

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)). AND/OR FORFBITURE (U.S. CODE, TITLE 47, SECTION 503).

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 3 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1115), Washington, D. C. 20554. We will also accept your comments via the Internet if you send them to pra@fee.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1115.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995,44 U.S.C. 3507.

FCC 388

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Station Call Sign(s)		KGIN
Report reflects information for quarte	r ending (mm/dd/yy)	3-31-08
Have you opted to comply with Option	One, Two, or Three (once elected, this cho	ice may not change)?
Option One (A and D)	Option Two (B and D)	Option Three (C and D)
Over the past quarter, have you fully o	complied with the requirements of this option	m?
Are you simulcasting on your Analog ch	annel and your primary Digital stream?	
∇ Yes □ No		
	If YES, complete only one form for both. If channel and a second for your primary Digita	

Call Sign	Channel Numbers				Community	l'License	
1/am	1		(City	State	County	Zip Code
KGIN-HD KGIN	Analog 1 32		Grand	Island	NE	Hall	68802
Licensee	4.						
Above, circle the Channel	Number(s) to which this form appli	es.		Nielsen DMA		Wide Web Home Pa	The second of th
7894	Previous Call Sign (if a	pplicable)		The state of the s	TO THE RESERVE OF THE PARTY OF	Expiration. Date (mo	

Section B (For broadcasters electing Option Two)

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Total 6:00 a.m. to 9:00 a.m. CSTs	2
For stations located in the Eastern or Pacific Time Zone, how from 6:00 p.m. to 11:35 p.m. (must average at least 4 per wee	many DTV PSAs and CSTs did your station run in the last quarter k)?
Total 6:00 p.m. to 11:35 p.m. PSAs	
Total 6:00 p.m. to 11:35 p.m. CSTs	
For stations located in the Central or Mountain Time Zone, ho from 5:00 p.m. to 10:35 p.m.(must average at least 4 per week	ow many DTV PSAs and CSTs did your station run in the last quarter
Total 5:00 p.m. to 10:35 p.m. PSAs	55
Total 5:00 p.m. to 10:35 p.m. CSTs	4
Comments (add additional sheets where necessary):	

30 Minute Educational Programs - Last Quarter

How many 30 minute, DTV-related be run between the hours of 8:00 a.n			arter? At least one such program must
Total number of 30 Minute Informat	ional Programs	0	
Comments (add additional sheets who KOLN plans to air the at 12:00pm (central)	NAB'S DTV Edi	ucation Program on :	Saturday, June 28th
100-Day Countdown Eligible Piece	es – Last Quarter		
Beginning on November 10, 2008, activities. Stations must execute a refebruary 17, 2009. During the last of	minimum of one "Countdo	own to DTV" on-air activity per	pecial 100-Day "Countdown to DTV" day during the 100 days leading up to DTV" pieces did your station run?
	Animated Graphics		
	— Graphic and Audio Dis	plays	
	Longer Form Reminder	3	
Comments (add additional sheets wh	ere necessary):		

Additional DTV On-air Initiatives - Last	2
Did your station run additional on-air initiati may be used to describe these initiatives.	ves (such as news reports, town hall meetings, etc.) during the quarter? The comment box
Yes □ No	Comments (add additional sheets where necessary): A news story explaining the DTV transition aired in newscasts on Feb. 18th a Feb 19th. During live state high school basketball coverage on Sut March 1st March 8th, 4 mentions of the DTV transition were made. These live mentions included graphics directing viewers to more informations.
Station Website Additional Activity Relat-	
Does your station have a Website?	Yes D No
If YES, did your station provide additional D describe what was posted on the station's We	DTV related information or activities on that Website? The comment box may be used to ebsite.
Yes No	Comments (add additional sheets where necessary): A special DTV page explains the transition, contains a countdown FAQ, important FCC contact information, a link to the converter box coupon program, and more.
Additional DTV Outreach Efforts Last	Quarter
Charle all of the DTV load anti-ities E. v. I	below that your station engaged in over the last quarter. The comment box may be used
to describe this activity.	
	Comments (add additional sheets where necessary): DTV speaking engagement Feb. 12th-Lake Street Senio
to describe this activity.	Comments (add additional sheets where necessary): DTV speaking engagement Feb. 12 th -Lake Street Senio (e) Comments (add additional sheets where necessary):

This comment box may be used to include other comments or information about your station's DTV activity over the last quarter. Comments (add additional sheets where necessary):

STATION CERTIFICATION

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and helief, and are made in good faith.

Typed or Printed Name of Person Signing	Typed or Printed Title of Person Signing
Nikki Bates	Nikki Bates
I Milli Bati	A-4-08

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